

# REQUEST YOUR MEDICAL RECORDS



It's easy to request your medical records. Just email our office using the steps below.

STEP  
1



## OPEN YOUR EMAIL

Open a new email message to our office.

STEP  
2



## ENTER OUR EMAIL ADDRESS

Address the email to:  
[hoganchiro@spinerehabpartners.com](mailto:hoganchiro@spinerehabpartners.com)

STEP  
3



## ENTER THE SUBJECT LINE

Type the following as the subject line:  
**Medical Records Request**

STEP  
4



## INCLUDE YOUR INFORMATION

In the body of your email, please include:

- Your full name
- Date of birth
- Phone number
- A brief description of the records you are requesting

STEP  
5



## SEND YOUR EMAIL

Review your email for accuracy, then click Send.

STEP  
6



## RECEIVE CONFIRMATION

You will receive a confirmation email once we have received your request.



## WE'VE GOT YOU COVERED.

Once we receive your email request, **your records will be delivered within 5 business days.**

## RULE §76.2

- (a) A patient may request patient records be disclosed to another person or to the patient.
- (b) A patient shall make the request for disclosure of patient records in writing.
- (c) In a written request for disclosure of patient records, a patient shall include:
  - (1) the specific information or records to be disclosed; and
  - (2) the person to whom the records are to be disclosed.
- (d) A patient or other person legally authorized to act on the patient's behalf shall sign the written request for disclosure of patient records.
- (g) A licensee or other person may honor an oral request for disclosure if the licensee or other person documents:
  - (1) the patient's identity by valid government identification or legal documents that identify a person as the patient's legal representative; and
  - (2) the information required by subsections (c) and (d) of this section.
- (h) A licensee or other person shall disclose patient records, after receiving any applicable fees for the records, within **15 business days** from the date of the request, unless the request is denied under subsection (j) of this section.



## CONTACT THE APPLICABLE LICENSING OR DISCIPLINARY AUTHORITY

- o Texas Board of Chiropractic Examiners  
<https://www.tbce.state.tx.us/>  
(512) 305-6700
- o Office for Civil Rights (OCR)  
<https://www.hhs.gov/ocr/index.html>



## HOW TO FILE A CONSUMER COMPLAINT

- o Texas Board of Chiropractic Examiners  
1801 Congress Avenue Suite 10.500  
Austin, Texas 78701  
512-305-6700  
[https://db.tbce.texas.gov/fmi/webd/TBCE\\_Complaint\\_Portal?homeurl=https://tbce.state.tx.us](https://db.tbce.texas.gov/fmi/webd/TBCE_Complaint_Portal?homeurl=https://tbce.state.tx.us)



**WE ARE HERE TO HELP.** If you have any questions, please contact our office.

